

**Department of Commerce and Economic Opportunity  
Financial Status Report**

Grantee:	LWIA 5 - Kane County (KCDEE)	
Grant Number:	10-681005	
DCEO Program Name:	WIA Formula Youth - Adult - Dislocated Worker	
Report Period:	From: 4/1/2011	To: 6/30/2011
Prepared By:	Mary Pineda, Fiscal Director	
Contact Number/Email:	630-208-1644/marypineda@kcdee.org	
Date Prepared:	7/25/2011	

Send Report to DCEO email address or hard copy address listed below:
Email: <u>lora.dhom@illinois.gov</u>
List all grants covered by this report: 10-681005

Check box if this is the final report.	
Check box if GRS (Grantee Reporting System) has been updated with current information if applicable to grant. If checked, detailed information is not required in this report.	<b>X</b>
Check box if there is no change in the reporting information for this reporting period.	

**SECTION I: EXPENDITURE REPORTING**  
**Subpart A: GRANT AMOUNT**

		1	2	3	4	5	6
Cost Category Number	Cost Category Description (Specific)	Current Approved Budget	Previously Reported Expenses	Current Reporting Period Expenses	Total Grant Expense to Date (2+3)	Amount of Accruals included in Column 3 (If Applicable)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Not Applicable					\$0:00		
					\$0:00		
					\$0:00		
					\$0:00		
<b>Total</b>		\$0:00	\$0:00	\$0:00	\$0:00	\$0:00	

**Subpart B: MATCH AMOUNT if applicable**

		1	2	3	4	5	
Cost Category Number	Cost Category Description (Specific)	Current Approved Budget	Previously Reported Expenses	Current Reporting Period Expenses	Total Match Expense to Date (2+3)	Amount of Accruals included in Column 3 (If Applicable)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Not Applicable					\$0:00		
					\$0:00		
					\$0:00		
					\$0:00		
<b>Total</b>		\$0:00	\$0:00	\$0:00	\$0:00	\$0:00	

**SECTION II: CASH REQUESTED OR GRANT FUNDS RECEIVED**

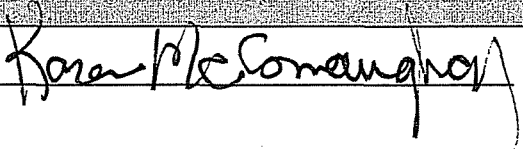
1	2	3	4	5
Grant Amount	Previous Cash Requested or Grant Funds Received	Current Cash Request or Grant Funds Received	Remaining Grant Funds [1-(2+3)]	Grant Funds on Hand
Not Applicable			#VALUE!	
			\$0.00	
			\$0.00	
			\$0.00	

**SECTION III: INTEREST INCOME or GRANT PROGRAM INCOME if applicable**

1	2	3	4	6
Prior Earnings Balance	Current Period Receipts	Current Period Disbursements	Current Earnings Balance (1+2-3)	List Documentation included with Report to Support Expense Amount (see guideline document) and/or explain any adjustments from prior reporting periods.
Grant Program Income	Not Applicable		#VALUE!	
Grant Program Interest	Not Applicable		#VALUE!	

**GRANTEE CERTIFICATION:**

Grantee certifies that all expenditures from these project funds are for approved project costs only; supporting documentation has been submitted as required by the Program; all supporting documentation is on file with the Grantee and the individual submitting report has full signature authority to sign on behalf of this Grantee as previously identified to the Department. The Grantee acknowledges that the Department's approval for any expenditure described herein shall be considered conditional and subject to further review and verification in accordance with Monitoring and Records Retention Sections of the Grant Agreement.

Signature:  Name & Title: Karen McConnaughay, Chairman Kane County Bd Date: \_\_\_\_\_

**PROGRAM CERTIFICATION:**

Program Manager has reviewed the report and supporting documentation for any major discrepancies and/or unusual items. All budget items are in accordance with grant agreement and appropriate budget modification procedures. Program may sign below or capture approval in e-Grants.

Signature: \_\_\_\_\_ Name & Title: \_\_\_\_\_ Date: \_\_\_\_\_

For Program Use on Review Process